

**ARKANSAS STATE BOARD OF
CHIROPRACTIC EXAMINERS
101 East Capitol, Suite 209
Little Rock, AR 72201
Watts: 866-257-8227**

TEMPORARY LICENSE APPLICATION INFORMATION SHEET

PLEASE READ THE FOLLOWING IN REFERENCE TO ISSUANCE OF A TEMPORARY LICENSE IN THE STATE OF ARKANSAS. YOUR REQUEST ALONG WITH THE ENCLOSED DOCUMENTS SHOULD BE COMPLETED AND SUBMITTED WITH YOUR LICENSURE APPLICATION.

1. The enclosed application must be completed in its entirety and submitted with a check in the amount of \$30.00 made payable to the Arkansas State Board of Chiropractic Examiners.
2. An application for the next scheduled licensure examination must be completed and submitted before an application for a temporary license will be accepted.
3. In order to be granted a temporary license an applicant must possess a valid National Board certificate to include Parts I, II and Physiotherapy elective section and, on and after January 1, 1990, possess a National Board certificate to include Parts I, II, III and Physiotherapy.
4. The temporary license to practice shall expire at the next scheduled examination. The license is not to exceed six months.
5. If you have no chiropractic practice experience then you will need to request a supervised temporary license. After a temporary license holder has received approval from the Board, you may perform any acts or practices that a licensed Arkansas Chiropractor may do, as long as it is under the supervision of the supervising Chiropractor who must remain on the premises when these acts or practices are being performed.
6. If you are a **currently licensed** Doctor of Chiropractic in another state with no disciplinary actions against your license, you may request an unsupervised temporary license.
7. The temporary license application will be submitted at the next scheduled meeting of the Arkansas State Board of Chiropractic Examiners. Before a temporary license can be issued a completed application for licensure should be on file with the Board of Examiners, including the licensure application fee.
8. Supervision means that the supervising licensed doctor must be on the premises at all times.

**Arkansas State Board of Chiropractic Examiners
101 East Capitol, Suite 209
Little Rock, AR 72201
Watts (866)-257-8227
(501)682-9015**

APPLICATION FOR A TEMPORARY LICENSE

1. Name _____
(Last) (First) (Middle)
2. Address _____
(Street) (City) (Zip)
3. Date of Birth _____ Telephone _____ Social Security _____
4. EDUCATION:

A. Name of Chiropractic College attended: _____

Location: _____

Date of Graduation: _____

National Board Part I _____ Part II _____ Part III _____ Part IV _____ Physiotherapy _____
5. LICENSURE:

States in which applicant is licensed _____
6. SUPERVISION: (If you are requesting a supervised temporary license: for doctors without any practice experience.) Supervising doctors must be on premises at all times.

Name of Supervising Arkansas Chiropractic Physician _____ License # _____
7. Have you had any previous sanctions, convictions, or disciplinary action by any state licensing board? () yes () no If yes, please attach an explanation and copies of the legal documents.

AFFIDAVIT OF APPLICANT:

County of: _____

State of: _____

Personally appeared before me, the undersigned official authorized to administer oaths, came the applicant _____ who deposes and swears that he/she is the person who executed this application for a temporary license to practice Chiropractic in the State of Arkansas; and that all of the statements contained herein are true to the best of his/her knowledge and belief.

(Signature of Applicant)

Sworn to and subscribed before me this

____ day of _____, 20____

(Notary Public)

My commission expires _____

**ARKANSAS STATE BOARD OF
CHIROPRACTIC EXAMINERS
101 East Capitol, Suite 209
Little Rock, AR 72201**

**ARKANSAS LICENSED CHIROPRACTIC PHYSICIAN
SPONSORING TEMPORARY LICENSE HOLDER**

This form should be completed by the Arkansas-Licensed Chiropractic Physician who will be the sponsoring doctor of the applicant requesting the temporary license. After completing the form, the sponsoring doctor should return it to the following address: **Arkansas State Board of Chiropractic Examiners, 101 East Capitol, Suite 209, Little Rock, AR 72201.**

Name of Sponsoring Chiropractic Physician: _____

Arkansas License # _____

Address _____
(Street) (City) (State) (Zip)

Name of the Doctor you will be sponsoring: _____

I, _____, understand the responsibilities of the Temporary License Holder, and the responsibilities of the sponsoring or supervising doctor. I am aware that any willful failure to adequately provide supervision or direction to a temporary license holder may result in a board action. Supervised means that the sponsoring doctor has to be on the premises at all times.

I understand that I may not have more than two (2) temporary license holders under my supervision at one time.

In the event that the temporary license holder decides not to follow through with his/her request for a temporary license to practice in my clinic, I will be responsible for notifying the Arkansas State Board of Chiropractic Examiners immediately.

(Signature of Sponsoring Chiropractic Physician)

Dated this ____ day of _____ 20 ____